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ABSTRACT

Personality theorists have suggested the critical importance of parenting characteristics on the development of a child's personality. Missildine's (1963) classification of parenting characteristics and their effects on the adult personality were investigated using an experimental measure, the Inner Child Inventory (ICI), to assess perceived parental characteristics and current personality. The Minnesota Multiphasic Personality Inventory (MMPI) was used as a second measure of personality functioning. Subjects were 150 clients of a university counseling center. Results yielded three clearly distinguishable parenting patterns: (1) overcoercive, perfectionistic, punitive, neglectful parenting: (2) oversubmissive and overindulgent parenting: and (3) mutually respectful parenting. Multivariate analyses revealed significant personality correlates in respondents associated with each perceived parenting pattern. Findings suggest that parenting patterns are identifiable and have different effects on developing personalities, and that the ICI appears to be a broad pathology indicator and measure of ego strength, useful for psychotherapy prognosis and planning. (Author)

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PERCEIVED PARENTING PATTERNS AND ADULT PERSONALITY: IMPLICATIONS FOR PSYCHOTHERAPY

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Introduction

Personality theorists have long suggested the critical importance of parenting characteristics on the development of a child's personality. Additionally, much psychotherapeutic effort has traditionally been based on the exploration and remediation of the effects of parenting on the development of personality pathology. Missildine (1963) presented a classification of parenting characteristics (such as overcoercion, oversubmission, perfectionism, etc.), along with his clinical observations of their implications for developing personalities. Becker (1964) independently developed a model of parenting qualities based on three bipolar constructs. Benjamin (1977), on the basis of a structural analysis of a single family, produced a complex bipolar classification along two dimensions describing interpersonal behavior between parent and child and the likely introjections in the child resulting from these interactions. McLemore and Benjamin (1979) extended this work, proposing a system of interpersonal diagnosis and further describing the relationship between personality introjections and the behavior of a significant other. These researchers have proposed complex systems of characteristics and have investigated the effects of various parental qualities, largely in isolation. While these researchers have investigated similar phenomena, they have used different concepts and terminology.

Of the above theories, Missildine's appears to represent a simple, concise approach to investigating parent-child personality relationships. Missildine's concepts are unipolar, whereas the others mentioned above have used bipolar concepts. No research has been done to assess the relevance of Missildine's concept of mutual respect and parenting patterns that vary from the mutual respect balance. The purpose of the present study was to investigate relationships among Missildine's various parenting variables and later adult personality.

Missildine's Theory

Missildine's theory is based on the belief in an active effort to maintain a mutual respect balance within the family and between oneself and others. Mutual respect (Mr) means that each family member is respected in his right to achieve mastery in the pursuit of skill and satisfaction appropriate for his age level. In order to insure that this balance is maintained, any family member is limited firmly, but without belittlement, when his pursuit is infringing on the right of another to do the same. Missildine defines a number of parental behaviors (or pathogens) which deviate from this balance. Six of the most common pathogens are as follows:

Overcoercion (Oc): Oc is the directing and redirecting of a child's activity without regard to the child's need for initiating and pursuing spontaneous interests and activities of his own. In order for children to expand and develop their individuality as they grow, they must have a certain amount of acceptance. If overdirected, a child may give up acceptance in order to expand his growing individuality and may be perceived as a rebel. Or the child may give up his individuality in order to maintain acceptance and become a passive follower. Overdirected children usually avoid the

extremes and learn to passively resist. This often leads to dawdling and procrastination as well as academic problems.

Oversubmission (Os): Os is a deviation which many parents confuse with giving love and security to their child. Such parents may literally become their child's servants, waiting on them and going along with their demands. Children naturally take advantage of this and often become rather demanding. If limits are not set, demandingness continues to grow. The parent may eventually become angry and the child in turn learns to use temper tantrums in an effort to insure that his demands will be met. This pathogen often leads to the perpetuation of normal pre-school behavior (such as impulsiveness, demandingness, inconsideration of the rights of others, and temper tantrums) into the middle childhood years and later.

Perfectionism (Pf): Pf involves failure to accept a child at his current developmental level, but promises acceptance if a child's performance is beyond and more mature than that which is comfortable at his age level. When this is perpetuated over time, some children may continue to strive, but typically become disappointed in their own performance and become self-belittling. Often, this leads to reduced effectiveness and much self-dissatisfaction.

Overindulgence (Oi): Oi stems from the parent giving goods and services excessively to the child without regard to the child's needs. The oversubmissive parent waits until the child demands and then complies, while the overindulgent parent initiates the giving of things and services. This often leads to the child becoming passive and bored, continually expecting the parent or others to spark his interest. The child often becomes passive, lacking in initiative, spontaneity and persistence, and expecting others to motivate him and wait on him.

Punitiveness (Pu): Pu typically involves targeting a child for personal, verbal, or physical aggression, often in the name of discipline. It is frequently combined with Oc, Os, or Pf. The child may respond to parental punitiveness by becoming extremely cautious and self-critical or by retaliating and repeatedly putting himself in a position to be treated with additional punitiveness.

Neglect (Ng): Ng involves insufficient interest in or awareness of the child's need for parental attention and assistance. The child may later have difficulty in finding satisfaction from long-term relationships and their relationships will often be more superficial. The satisfactions from developing inner control may not be present and the child may be left with the need to derive short-term satisfaction from impulsivity.

The Inner Child Inventory (ICI)

The Inner Child Inventory (ICI) is an experimental instrument based on Missildine's theory of mutual respect and parental pathogens. It was intended to measure seven major variables, each divided into three components--parent, adult, and child. See Table 1 for a brief description of what each component was intended to measure.

Table 1

ICI Variables: Meanings and Sample Items

Overcoercion:

- Parent: Overdirection of child's activities. (Wanted to control what ever I did.)
- Adult: Passive acceptance of leadership from others. (I try to accept the advice of someone else in deciding what to do.)
- Child: Desire for passivity or rebelliousness toward others; tendency to procrastinate. (I keep "putting off" doing things I know I should do.)

Oversubmission:

- Parent: Tendency to submit to child's demands. (Could be talked into things easily.)
- Adult: Impulsivity; expects others to submit. (I buy things on impulse.)
- Child: Low frustration tolerance; anxiety regarding limits; desire for freedom from social demands. (I like to feel free from any domination by others.)

Perfectionism:

- Parent: Excessive expectations for child's level of performance. (Was difficult to please.)
- Adult: Perfectionistic thinking and behavior. (I try to follow the motto, "Don't waste time.")
- Child: Self-dissatisfaction with any level of achievement. (I feel horrible when I make an error.)

Overindulgence:

- Parent: Excessively giving things to child regardless of need. (Gave me things whether I wanted them or not.)
- Adult: Depressive thinking and lack of persistence. (Finding something interesting to do is a problem for me.)
- Child: Boredom and lack of satisfaction. (I feel as if I want something, but I don't know what it is.)

Punitiveness:

- Parent: Overly critical or harsh. (Gave hard punishments.)
- Adult: Critical thinking and behavior. (When someone tries to take advantage of me, I make sure they regret it.)
- Child: Frustration and anger. (I find myself filled with a desire to get even.)

Neglect:

- Parent: Lack of interested attention toward child. (Was too preoccupied with work or other things to have much time for me.)
- Adult: Low self-concept; avoidance of close interpersonal relationships. (I act cool and distant too soon toward people with whom I want to be close.)
- Child: Loneliness and anxiety about close interpersonal relationships. (I suffer from loneliness.)

Mutual Respect:

- Parent: Accepting of child's interests; involvement in mutual activities. (Would give me the choice of what to do whenever possible.)
- Adult: Accepting one's right to pursue one's own interests without interfering with the rights of others. (When working with someone, I take an active part in decision-making.)
- Child: Joy and optimism regarding self in relationship to others and work. (I feel at ease without having to please others.)

Items were derived rationally, using Missildine's description of parenting behavior and attitudes, as well as his observations of their effects on adult personality. Each item had six response categories ranging from "almost always" to "never". Five items were generated for each subscale, making 15 items for each dimension. Normative data were collected from 100 college and university students, ages 18-24 years and 100 individuals over 24 years. For each item, a frequency distribution of responses was established. From this distribution, cutoff scores were established along the six point response scale, demarcating the upper 25% of scores and the upper 50% of scores. Responses in the upper 25% were given a score of 2, while responses in the next 25% were given a score of 1. Scoring for each subscale could range from 0 to 10.

Realibility

One week test-retest reliability coefficients ranged from .62 to .93 (See Table 2).

Table 2

Test-Retest Reliability Coefficients for
The Inner Child Inventory

	Adult Score	Child Score	Father Score	Mother Score	Sum Score
Overcoercion	.63	.62	.69	.80	.71
Oversubmission	.70	.87	.73	.79	.72
Perfectionism	.75	.85	.79	.93	.86
Overindulgence	.79	.80	.87	.87	.86
Punitiveness	.74	.90	.87	.74	.81
Neglect	.73	.77	.90	.79	.83
Mutual Respect	.71	.84	.84	.83	.83

Normative and Validity Data

Scores for each of the subscales on each of the dimensions are presented in Table 3 for both nonclient and client samples. A number of differences exist between the client and nonclient data. Nonclients clearly scored higher than clients on the Mutual Respect scale. This was not surprising, as Mutual Respect is the only dimension which is not a pathogen. On the other hand, clients clearly scored higher than nonclients on the six pathogens. Table 4 reveals group differences in rank order of ICI scales for various client and nonclient groups. Among nonclient groups, the Mutual Respect scores were consistently higher in rank order than they were for the client groups. In fact, the overall configuration was quite different for the client and the nonclient groups. Other data suggested that when the Mutual Respect scale is elevated in the client sample, it tends to reduce the level of the pathogen scores for those clients. In fact, there is a negative correlation between Mr and the six pathogen scores. Thus, the seven scales seem to clearly differentiate between client and nonclient samples.

Table 3

Mean Scores for Clinic and Normative Groups on the ICI

		Clinic Group	Normative Group
Overcoercion	Adult	4.22	4.09
	Child	4.34	3.18
	Father	3.86	3.62
	Mother	4.07	3.66
Oversubmission	Adult	4.36	3.88
	Child	3.47	3.17
	Father	2.21	3.34
	Mother	3.72	3.08
Perfectionism	Adult	4.37	3.96
	Child	5.16	4.27
	Father	5.26	3.34
	Mother	5.07	4.36
Overindulgence	Adult	6.07	2.95
	Child	4.44	2.97
	Father	2.68	3.42
	Mother	3.46	4.23
Punitiveness	Adult	3.95	3.50
	Child	5.57	3.99
	Father	3.89	3.28
	Mother	4.54	3.71
Neglect	Adult	4.46	3.11
	Child	6.18	2.30
	Father	4.22	3.06
	Mother	4.75	3.21
Mutual Respect	Adult	3.37	5.60
	Child	2.99	2.67
	Father	2.31	3.61
	Mother	2.40	4.47

Clinic Group N = 150 (97 female, 53 male)
Normative Group N = 100 (psychology class and paraprofessional students)

Table 4

Group Differences in Rank Order of ICI Scales
For Clinic vs. Nonclinic Groups

	Rank Order Position of Sum Scores (high) 1	2	3	4	5	6	7 (low)	Number in Group
A. Office therapy clients, 18 years and up.	Ng	Pf	Pu	Oi	Oc	Os	Mr	39
B. Youth Office clients, ages 11-17.	Pu	Pf	Ng	Oi	Os	Oc	Mr	20
C. Parents of youth clients	Pf	Oc	Mr	Pu	Ng	Os	Oi	37
D. Parents of non-sectarian private school youth.	Pf	Mr	Oc	Pu	Ng	Os	Oi	43
E. Parents of Catholic Parochial School youth.	Pf	Oc	Mr	Oi	Pu	Ng	Os	23
F. Youth, ages 11-17, non-sectarian priv. school.	Os	Pu	Ng	Oi	Mr	Oc	Pf	33
G. Protestant H.S. Youth Grp.	Mr	Os	Ng	Pf	Oi	Pu	Oc	20

Key: Oc = overcoercion, Os - Oversubmission, Pf = perfectionism, Oi = overindulgence, Pu = punitiveness, Ng = neglect, Mr = mutual respect.

The Study

The present study was conducted with several purposes in mind. First, an attempt was made to further explore the ICI in distinguishing parenting characteristics and to look at the effects of these characteristics on adult personality. Second, an attempt was made to determine not only single parenting characteristics but also whether it is possible to delineate consistent parenting patterns and their effects on adult personality. Previous researchers have frequently focused on complex systems of parenting characteristics in isolation. However, clinical observation as well as results of preliminary data from the ICI have suggested that parenting characteristics seldom occur in isolation. Rather, patterns of parenting seem to exist and may be studied in terms of their effects on adult personality.

Subjects

Subjects were 150 clients of a university counseling center, comprised of 56 females, ages 18-24 years, 41 females, ages 24-51 years, 25 males, ages 18-24 years, and 28 males, ages 24-49 years.

Procedures and Measures

Each client was administered an ICI and an MMPI during the initial phase of their counseling experience. Each of these clients came to the Counseling Center for help with a "personal" problem. Each was administered at least the ICI and MMPI as an aid in the counselor's work with the client.

Results

Analyses

Numerous analyses were conducted. First, an intercorrelation matrix was generated among the parent variables of the ICI in order to ascertain relationships among the proposed parental pathogens and mutual respect. Second, an intercorrelation matrix for parent, adult, and child variables was generated. Third, the ICI variables were correlated with the MMPI, as an external and more traditional measure of current personality functioning. Fourth, the most frequent parenting patterns were separated into groups and the mean MMPI profile for each of these groups was determined. Finally, sex differences were explored.

Individual Parenting Characteristics

The results of the intercorrelation of ICI parent variables are presented in Table 5. The following patterns emerged. Parent Oc, Pf, Pu, and Ng tended to be highly related with each other in a positive direction and with Mr in a negative direction. Os and Oi were highly related in a positive direction and both were correlated in a negative direction with Oc, Pf, Pu, and Ng. They were not, however, correlated significantly with Mr. Parent Mr, in fact, was significantly correlated in a positive direction only Parent Oi.

Table 5

Correlation Coefficients of ICI Parent Scales
For Clinic Sample (N=150)

		Oc		Os		Pf		Oi		Pu		Ng		Mr	
		F	M	F	M	F	M	F	M	F	M	F	M	F	M
Oc	F		20	-34	10	57	11	02	22	68	12	16	-10	-30	07
	M			10	-23	18	63	19	00	09	62	04	17	02	-34
Os	F				16	-30	11	38	16	-30	14	-03	15	08	-09
	M					-03	-26	10	39	14	-21	09	-06	-22	09
Pf	F						38	11	00	65	25	44	19	-29	-11
	M							21	-07	13	66	08	27	03	-34
Oi	F								62	-11	16	-23	-11	18	-03
	M									06	-06	-06	-28	07	22
Pu	F										38	51	23	-39	-08
	M											29	41	-10	-44
Ng	F												60	-43	-22
	M													-21	-50
Mr	F														40
	M														

r .14 = p <.05
r .18 = p <.01
r .24 = p <.001

Interestingly, there was a significant correlation between scores for mothers and father on Pf, Oi, Pu, Ng, and Mr. That is, subjects tended to rate both parents similarly on each of these dimensions.

Table 6 shows the intercorrelation among ICI parent, adult, and child variables. These results reveal the relationships between perceived parenting characteristics and current personality functioning. Oc, Os, and Pf each had virtually no relationship with current functioning as measured by adult and child variables. Father overindulgence (F Oi) was correlated significantly in a positive direction with adult oversubmission (A Os) and child overindulgence (C Oi). Mother overindulgence (M Oi) was correlated significantly in a positive direction with C Os. F Pu was correlated significantly in a positive direction with A Pu; M Pu was correlated significantly in a positive direction with A Os. Ng and Mr were correlated significantly with other adult and child variables more frequently than the first five pathogens. F Ng scores were correlated significantly in a positive direction with C Os, adult and child Pu, and adult and child Ng. M Ng was correlated significantly in a positive direction with A Oi, C Pu, and adult and child Ng. M Ng was correlated significantly in a negative direction with C Mr. F Mr was correlated significantly in a positive direction with A Oc and C Mr, and negatively with child neglect. Mother Mr correlated in a positive direction with C Mr and negatively with adult and child Oi, and adult and child Ng. Sex differences existed on many variables and occasionally canceled out the significance of the correlations on some of the variables. Sex differences will be discussed later.

Table 6

Correlation Coefficients of ICI Parent Scales With Adult and Child Scales (N=150)

		Oc		Os		Pf		Oi		Pu		Ng		Mr	
		F	M	F	M	F	M	F	M	F	M	F	M	F	M
Oc	A	01	03	-05	-09	02	02	10	05	-08	-01	-06	-03	25	13
	C	02	-02	-05	-01	00	-08	03	09	07	00	00	-04	04	06
Os	A	04	24	07	14	02	21	19	12	17	24	15	15	-07	-16
	C	-02	04	03	17	08	05	13	21	08	09	18	11	-05	-13
Pf	A	00	-01	-17	-14	-01	-03	-12	-04	-02	-06	01	06	00	07
	C	05	07	11	-15	12	06	-03	-02	10	06	11	04	00	00
Oi	A	00	00	06	01	08	06	12	07	10	10	09	21	-05	-18
	C	-01	09	14	-02	04	03	25	17	08	10	11	12	-05	-20
Pu	A	12	08	-01	08	13	09	15	12	18	07	20	08	-05	-01
	C	-01	-03	-02	02	01	02	07	03	14	02	24	26	-16	-17
Ng	A	01	06	02	-01	10	07	10	10	10	09	24	20	-11	-18
	C	-05	-02	01	09	04	04	07	08	14	09	25	24	-20	-25
Mr	A	09	02	-12	00	01	-06	09	12	08	-04	-06	-11	14	17
	C	14	02	00	09	11	04	11	-11	-10	-06	-07	-22	24	31

r.14 = p<.05 r.18 = p<.01 r.24 = p<.001

In an attempt to use an external and traditional measure of current functioning, MMPI variables were correlated with ICI parent variables. Results, presented in Table 7, revealed limited relationships between ICI parent variables and MMPI measures of current functioning. However, some of the relationships are noteworthy. M Oc was correlated significantly in a positive direction with scales Pd and Mf on the MMPI. M Os was correlated significantly in a positive direction with scale Ma. M Pu and M Oc were correlated significantly in a positive direction with scales Pd and Mf. M Ng was correlated significantly in a positive direction with scales F, Pd, Pa, and Sc. Finally, M Mr was correlated significantly in a negative direction with F, Pd, Pt, and Sc. F Os was correlated significantly in a positive direction with scales Pd and Ma. F Oi was correlated significantly in a positive direction with scale Mf. F Ng was correlated significantly in a positive direction with scales F and Sc. Finally, F Mr was correlated significantly in a positive direction with K and in a negative direction with F.

Table 7

Correlation Coefficients of ICI Parent Scores with MMPI Scores (n=143)

	Oc		Os		Pf		Oi		Pu		Ng		Mr	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Scale L	00	-02	-16	-11	08	05	-15	-17	-09	-03	-09	03	10	06
Scale F	01	00	12	16	05	04	01	03	09	10	28	29	-24	-23
Scale K	-08	-17	-05	02	-02	00	-04	-05	-07	-08	-14	-09	23	16
Hypochondriasis/Hs	01	10	08	00	-08	03	11	10	-01	-01	02	00	-03	-01
Depression/D	-07	06	03	00	-05	-02	05	-02	-02	01	06	12	-12	-14
Hysteria/Hy	-02	07	06	00	-08	04	06	00	-05	04	-05	04	01	02
Psychopathic Deviate/Pd	02	19	20	08	01	13	14	03	14	21	12	24	-12	-21
Masculinity-Femininity/Mf	-04	27	13	02	-06	11	20	15	-01	19	-07	01	00	-13
Paranoia/Pa	-04	15	13	-01	-05	00	07	05	-06	01	10	19	00	-16
Psychasthenia/Pt	-02	17	15	00	-09	04	11	02	00	11	06	16	-13	-21
Schizophrenia/Sc	00	14	16	10	05	09	10	10	07	14	22	22	-16	-24
Hypomania/Ma	01	11	23	21	09	13	05	11	16	16	10	05	-09	-09
Social Introversion/Si	02	16	00	-15	02	03	03	-08	-02	09	06	07	-15	-17

r .15 = p<.05 r .19 = p<.01 r .25 = p<.001

It may be noted that mother variables were significantly correlated with MMPI indicants of current functioning more frequently than father variables. Also, Ng and Mr parent variables were correlated more frequently with MMPI variables than the other dimensions. In fact, of the significant parent variables, mother ICI scores accounted for approximately two-thirds of all the significant correlations. Likewise, of the

seven ICI variables, Ng and Mr made up approximately two-thirds of all the significant correlations with MMPI scales.

The above comparisons have focused on the relationships between perceived parenting characteristics and current functioning. Next, we will focus on a comparison between measures of current functioning (i.e. ICI adult and child variables with MMPI scales). Not surprisingly, ICI adult and child variables related in a significant fashion with MMPI scales much more frequently than father and mother variables did. It would be expected that two measures of current functioning would relate more significantly than a measure of current functioning (MMPI) with historical information about parents (i.e. ICI parent variables). Table 8 reveals that adult and child Os, Oi, Ng, and Mr, as well as child Pu, were all significantly correlated with numerous MMPI scales. This is consistent with Hedlund's (1977) findings that symptoms correlate significantly with multiple MMPI scales. Hedlund reported that most symptoms correlate tend to be related to several and, in some cases, almost all MMPI scales. These data lend support to the validity of the ICI in that a clear distinction exists between parent variables and adult and child variables in relation to MMPI correlates.

Table 8

Correlation Coefficients of ICI Adult and Child Scores with MMPI Scores (n=143)

	Oc		Os		Pf		Oi		Pu		Ng		Mr	
	A	C	A	C	A	C	A	C	A	C	A	C	A	C
Scale L	16	-19	-34	-25	14	-04	-29	-34	-18	-23	-35	-32	16	28
Scale F	-05	10	29	32	-15	06	41	31	05	37	41	35	-23	-28
Scale K	08	03	-41	-25	-02	-11	-48	-50	-21	-46	-44	-46	29	35
Hypochondriasis/Hs	-02	07	41	17	-01	15	35	29	11	41	35	25	-18	-10
Depression/D	09	13	33	26	-05	11	55	40	04	43	42	39	-37	-33
Hysteria/Hy	-07	10	23	16	-19	03	16	15	04	11	07	05	-05	01
Psychopathic Deviate/Pd	-04	-01	41	36	-14	08	46	45	23	38	41	43	-26	-30
Masculinity-Femininity/Mf	-08	06	17	03	05	-07	06	10	-03	03	-02	11	03	05
Paranoia/Pa	06	02	18	22	04	09	27	37	09	37	35	25	-19	-15
Psychasthenia/Pt	06	15	51	30	-05	15	61	49	13	55	57	52	-45	-45
Schizophrenia/Sc	03	11	40	38	-09	14	53	47	18	50	58	49	-33	-38
Hypomania/Ma	-17	-06	28	17	03	19	09	21	29	28	21	15	13	07
Social Introversion/Si	19	02	22	08	05	-05	52	29	-08	31	43	37	-46	-43

r .15 = p<.05 r .19 = p<.01 r .25 = p<.001

Parenting Patterns

As evidenced above, with a few exceptions, individual parenting characteristics as perceived in retrospect by clients were quite often of little value in predicting current adult personality functioning. The lack of relationship between isolated parenting characteristics and current functioning led us to explore the existence of parenting patterns and their relationship to current functioning.

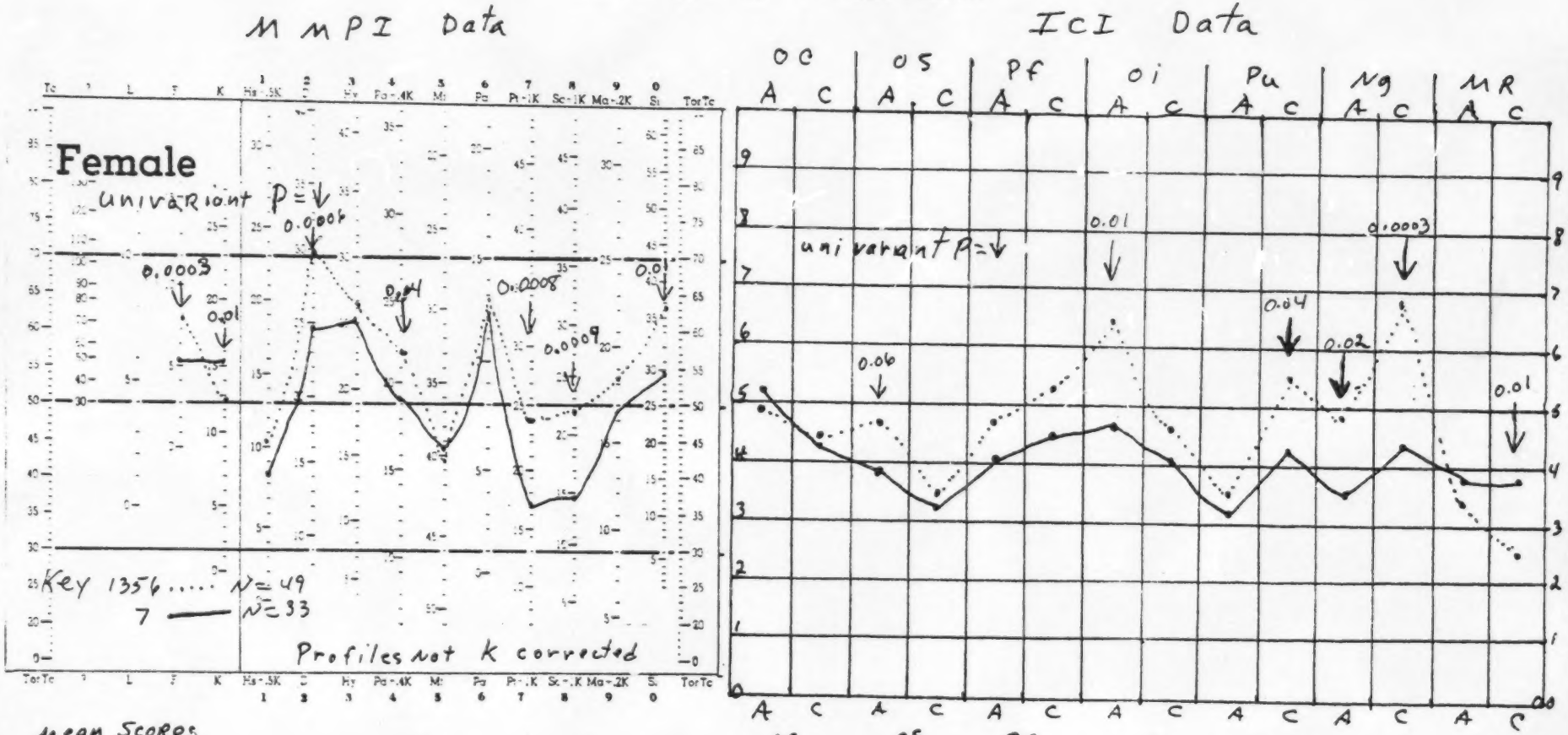
First, we wanted to determine whether clear-cut patterns of parenting could be delineated from the available data. We initially noted that, from the intercorrelation matrix of ICI parent variables, a number of dimensions were highly correlated with each other. For instance, Oc, Pf, Ng, and Pu tended to be highly correlated among themselves. Likewise, Os and Oi tended to be highly correlated with each other. Mr tended to be a parent pattern by itself. We suspected that, perhaps, parenting patterns may exist in which several parenting characteristics tended to be associated with each other in the same parents. Along with observing the intercorrelation matrix, we also observed the frequency with which each of the ICI parent variables was elevated for clients. We first did a rank ordering of variable scores for each client. (For ease of communication, we have translated ICI variables into numbers when discussing parenting patterns or codes. These are: 1 = Oc, 2 = Os, 3 = Pf, 4 = Oi, 5 = Pu, 6 = Ng, 7 = Mr.) Three somewhat clear-cut parenting patterns seemed to emerge: 24, 1356, and 7. In determining code types for each client, several rules were used. Since 7 codes were fewer in the client sample, they were given priority in rank over other codes. A 7 parent code was designated as a 7, only when variable 7 was in the highest two parent scores, and it was not below a raw score of 4. A code of 1356 was designated when these four variables were the highest of the profile and none was below a raw score of 4. A 24 code was designated when they were the highest two scores in the profile and both reached a raw score of 4 or above.

Using the 24, 1356, and 7 parenting patterns, several multivariate analyses of variance were conducted on the MMPI and ICI adult and child variables. That is, an attempt was made to analyse the differences in patterns of current functioning according to three parent patterns. Results of these analyses are indicated in Figures I-IV, showing the multivariate and univariate levels of significance, as well as means for each variable.

Figure I reveals some striking differences for females in a comparison between all 1356's and all 7's. Multivariate significance was reached with significant univariate differences on MMPI scales, F, K, D, Pd, Pt, Sc, and Si. Individuals who scored high on the ICI 7 scale tended to have a higher self-esteem and to behave in a more conventional manner than those who scored high on 1356. The 1356's admitted to a much higher level of distress, including depression, feelings of alienation, anxiety, tension, confusion, and social discomfort.

FIGURE I

Parent Type 1356 vs 7 for Females



Mean Scores

1356.....	7.77	12.8	10.1	29.7	26.1	22.0	40.4	12.9	24.0	22.0	13.1	36.2
7 ——	5.12	15.1	8.98	24.9	25.3	19.3	39.5	12.1	17.1	14.6	16.7	29.8

Multivariate P. = 0.04

OC		OS		Pf		Oi		Pu		Ng		MR	
A	C	A	C	A	C	A	C	A	C	A	C	A	C
4.95	4.46	4.75	3.55	4.85	5.24	6.38	4.69	3.55	5.53	4.91	4.89	3.40	2.51
5.09	4.33	3.94	3.21	4.03	4.48	4.64	4.06	3.18	4.21	3.60	4.33	3.81	3.81

Multivariate P. = 0.26

1356 = overcoercion, Perfectionism, Punitiveness, Neglect

7 = Mutual Respect

Results of the Inner Child Inventory did not reach multivariate significance for females. A number of univariate differences were significant, however, and suggest some possible areas of differences between the two groups. These included A Oi, C Pu, adult and child Ng, and C Mr. This implies that the '1356' females may be more pessimistic about themselves, may feel angrier and belittle themselves more, and may feel more alienated and inadequate in relationships with others. They also seem not to be finding the joy and pleasure in work and relationships that '7' females seem to be finding.

Figure II reveals the results of a comparison between 7's and 1356's for males. On the MMPI, there were again some striking differences. While multivariate statistics only approached significance, there was significance on a number of individual MMPI scales, including F, K, Hs, D, Pd, Pa, Pt, Sc, and Si. Thus, males and females responded very similarly, with males showing additional differences on MMPI scales Hs and Pa. This would suggest that '1356' males presented more physical symptoms, were more wary, suspicious, and angry than '7' males. On the ICI, the multivariate significance level was much greater for males than for females. However, the univariate pattern was somewhat similar for males and females. On individual scales, males showed differences on A Os, C Oi, and A Mr, as well as on A Oi, C Pu, adult and child Ng and C Mr. Results suggest that, in addition to differences between '1356' and '7' females, '1356' males also show more impulsivity and demandingness and may feel more self-dissatisfied and less respecting of the rights of others than '7' males. (See Figure II on page 14.)

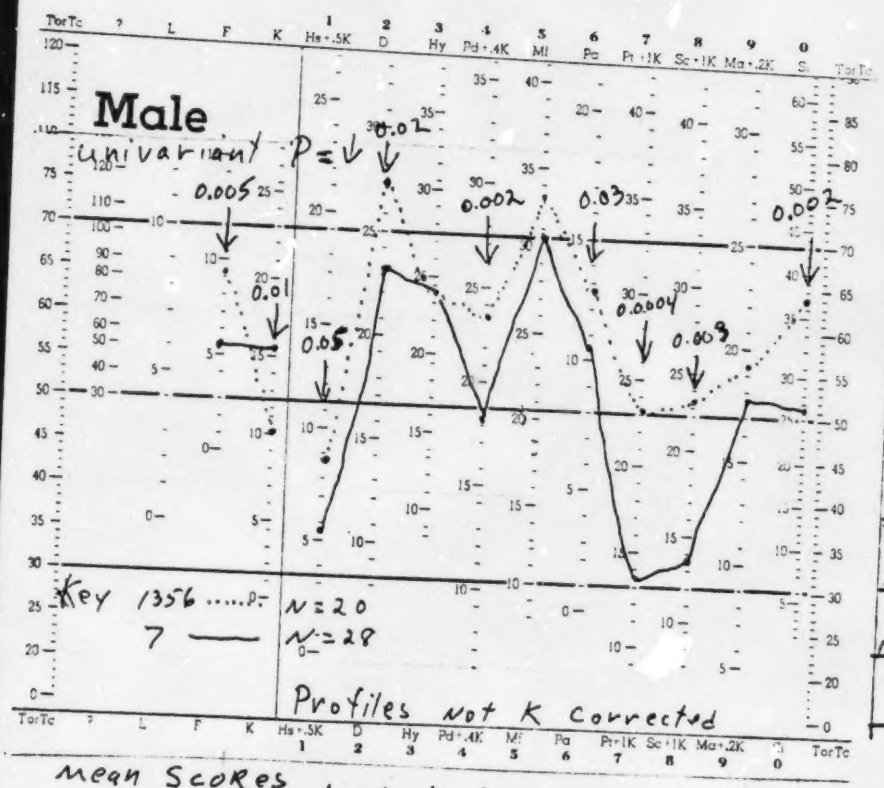
Figure III reveals the comparison of females who described their parents as '24' vs. '7' vs. '1356'. With the exception of the MMPI F scale, the '24' females fall between the '1356' and the '7' females on all of the significant MMPI variables. This suggests that '1356' parents provide a more stressful conditioning environment than do the '24' parents, while the '7' parents provide the least stressful environment. (See Figure III on page 15.)

It is worthy of note that males seldom described their parents as the '24' type and, when this occurred at all, the '24's' were all mothers. Not a single male described his father as being of the '24' type. Figure IV compares males who described their mothers as '24's' versus those who described both of their parents as '7's'. Some interesting and significant differences occurred on the MMPI. These differences occurred on scales Pd, Mf, Pa, Pt, and Sc. These results suggested that males with '24' parents were more aesthetically inclined, with less traditional male interests. They appeared to be more frustrated, rebellious, anxious, worried, and to have more feelings of alienation and a poorer self-concept than males who described their parents as '7's'. While the multivariate analysis for Adult and Child ICI variables were not significant, there were some significant univariant differences on A Pf, adult and child Oi, C Ng, and A Mr. The '24' group was more depressed on a thinking and feeling level and had poorer self-concepts than the '7' group. In contrast, the '7' group had higher self-expectations and were experiencing more joy in their work and interpersonal relationships. (See Figure IV on page 16.)

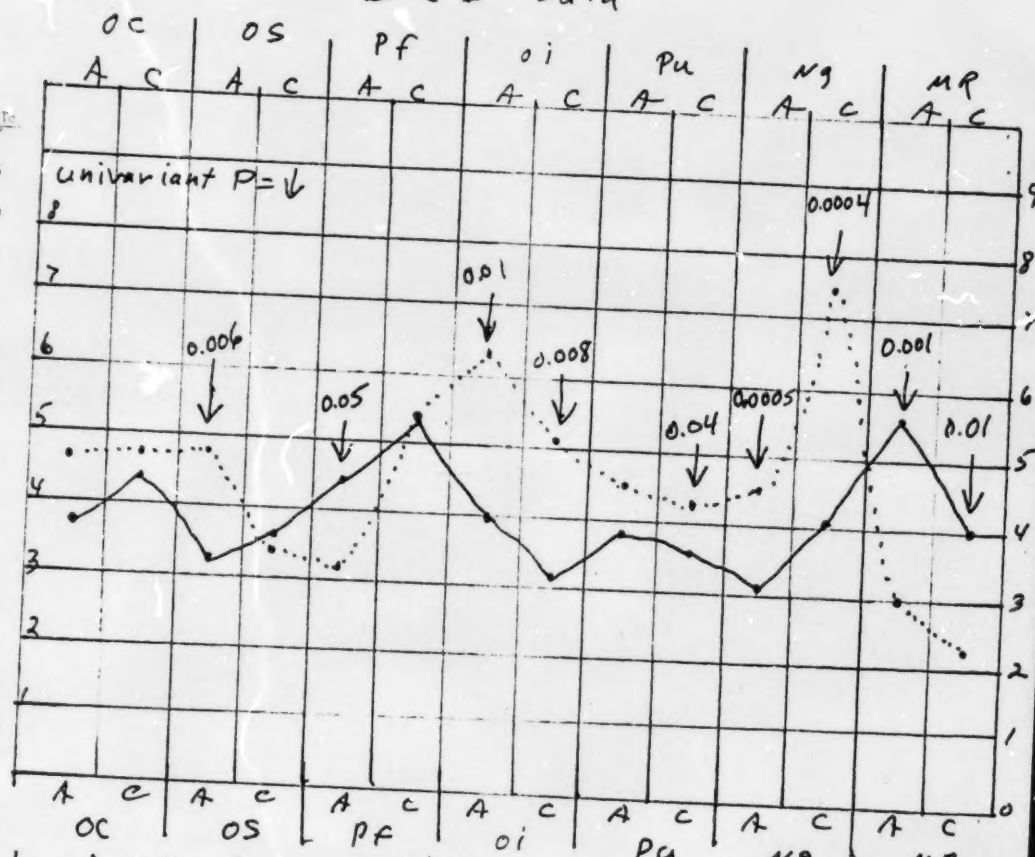
FIGURE II

Parent Type 1356 vs 7 for Males

MMPI Data



ICI Data



Mean Scores

1356	9.10	10.0	8.95	27.1	23.8	23.6	33.3	12.8	23.2	23.3	19.4	37.0	
7a	5.64	15.3	5.78	23.2	23.4	18.3	30.6	10.6	13.5	13.9	17.8	26.6	

OC		OS		Pf		oi		Pu		Ng		MR	
A	C	A	C	A	C	A	C	A	C	A	C	A	C
4.70	4.75	4.80	3.45	3.15	5.40	6.35	5.10	4.55	5.35	5.55	7.50	3.00	2.25
3.86	4.43	3.21	3.57	4.46	5.39	4.00	3.14	3.89	3.60	3.07	4.03	5.60	4.00

1356 = overcoercion, Perfectionism, Punitiveness, Neglect

7 = Mutual Respect

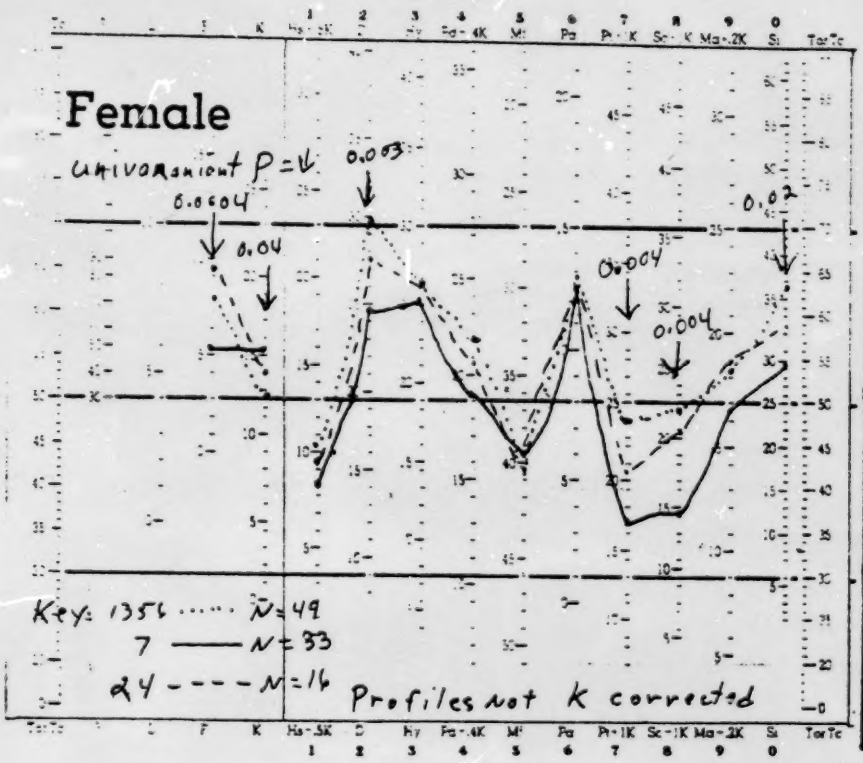
Multivariate P = 0.09

Multivariate P = 0.004

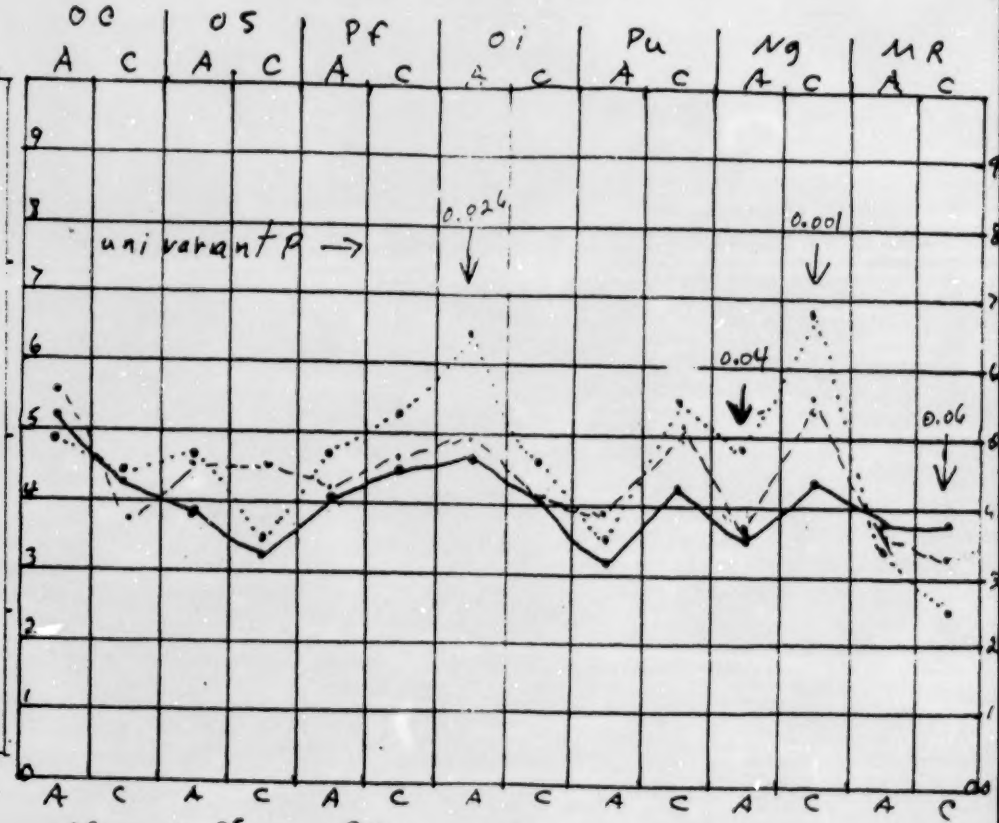
FIGURE III

Parent Type 1356 vs 24 vs 7 for Females

MMPI Data



ICI Data



Mean Scores

1356	7.77	12.8	10.1	29.7	26.1	22.0	40.4	12.9	24.8	22.0	13.1	36.2
7 ——	5.12	15.1	8.48	24.9	25.3	19.3	39.5	12.1	17.1	14.6	16.7	29.8
24 - - -	9.50	14.0	9.31	22.8	26.1	21.8	39.3	12.6	20.4	20.8	18.5	32.2

Multivariate P. = 0.14

	OC		OS		Pf		Oi		Pu		Ng		MR	
	A	C	A	C	A	C	A	C	A	C	A	C	A	C
1356	4.95	4.46	4.75	3.55	4.85	5.24	6.38	4.69	3.55	5.53	4.91	4.89	3.40	2.51
7 ——	5.09	4.33	3.94	3.21	4.03	4.48	4.64	4.06	3.18	4.21	3.60	4.33	3.81	3.81
24 - - -	5.56	3.81	4.06	4.50	4.12	4.62	4.93	4.06	3.93	5.12	3.68	5.56	3.63	3.31

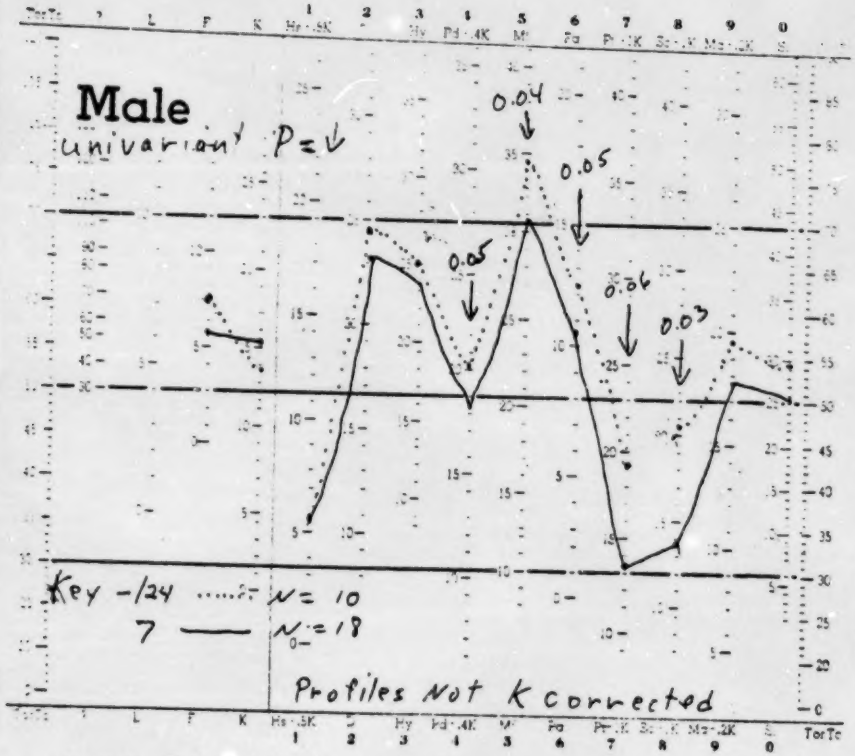
Multivariate P. = 0.44

1356 = overcoercion, Perfectionism, Punitiveness, Neglect
7 = Mutual Respect
24 = oversubmission, overindulgence

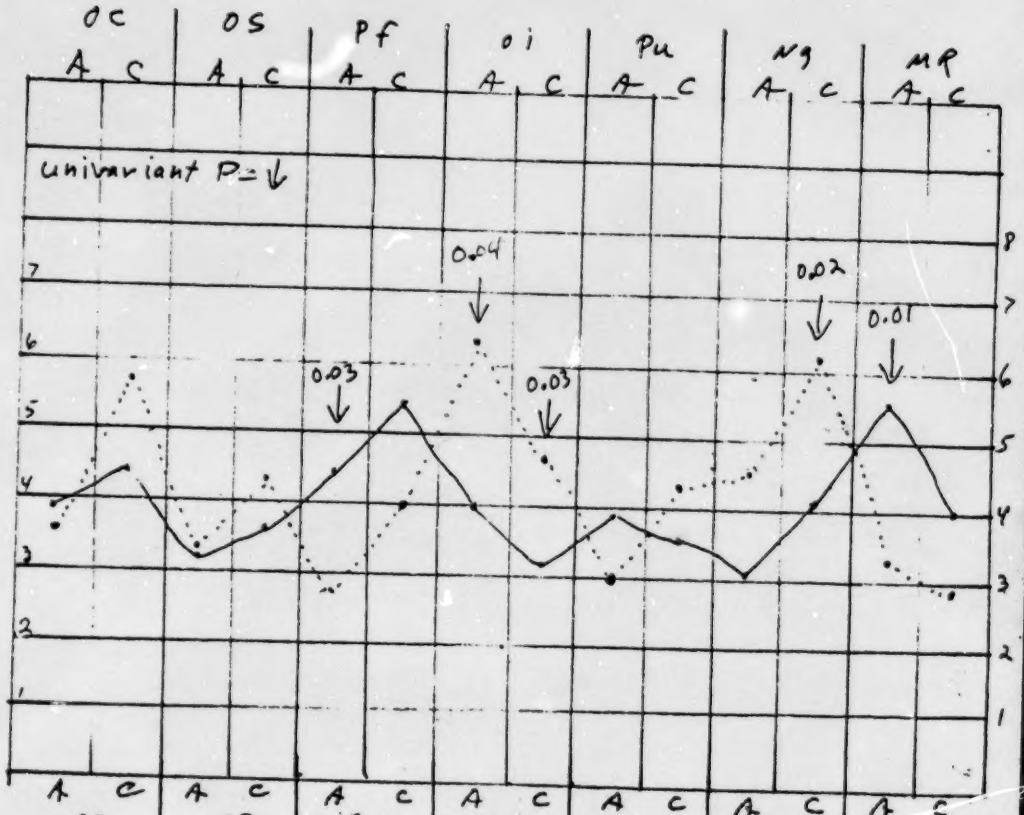
FIGURE IV:

Parent Type -/24 vs 7 for Males

MMPI Data



ICI Data



Mean Scores

-/24	7.10	14.9	5.90	24.3	25.0	20.1	34.6	12.2	18.1	20.5	19.7	29.8	
7	5.64	15.3	5.78	23.2	23.4	18.3	30.6	10.6	13.5	13.9	17.8	26.6	

	oc		os		Pf		oi		Pu		Ng		MR	
	A	C	A	C	A	C	A	C	A	C	A	C	A	C
-/24	3.60	5.80	3.40	4.30	2.80	4.00	6.30	4.70	3.00	4.30	4.50	6.20	3.30	2.70
7	3.86	4.43	3.21	3.57	4.44	5.39	4.00	3.14	3.89	3.60	3.07	4.03	5.60	4.00

-/24 = oversubmission, overindulgence (mothers only)

7 = Mutual Respect

Multivariate P = 0.06

Multivariate P = 0.24

Sex Differences

Sex differences were found throughout the research presented here. In the above parent patterns, one can see the differences in profiles between the two sexes. We also see sex differences when we look at the relationships among ICI variables, as well as among MMPI variables for the two sexes. Taking a more detailed look at the relationship between some of the ICI scales (tables not included), we noted that F Oc and F Mr showed no significant correlation for males (r = .04), while for females it revealed a significant correlation (r = -.37). For M Oc and M Mr, the correlation for males was .17 and females -.36. This suggests that females tend to equate parental dominance with lack of mutual respect to a much greater degree than do males. Likewise, they may equate oversubmission with going along with their rights to a much greater degree than do males.

Other sex differences are revealed with F Pf and F Mr, with correlations for males being .09 and for females -.33. With M Pf and M Mr, the correlation for males is -.41 and for females .08. These results suggest that parental perfectionism by opposite-sexed parent tends to have more negative parental qualities associated with it than perfectionism from the same-sexed parent. Father Pu and Father Mr show correlations of -.18 for males and -.43 for females. Also, M Pu and M Mr show correlations of .00 for males and -.41 for females. These suggest that punitiveness from either parent has a much more corrosive effect on mutual respect for females than males.

For males, child mutual respect correlates positively with M Oc (r = .37), M Pu (r = .34), F Mr (r =.30), and M Mr (r = .24). There were no significant correlations for females on these variables. Female child Mr correlated significantly with M Os (r = .23), and M Pf (r = .24). These correlations were not significant for males. These differences suggest that joy and optimism regarding self in relationship to others and work is related to an active, sometimes critical directiveness on the part of mothers with their sons when this is also coupled with mutual respect. Whereas for females, this same joy and optimism is correlated with mothers' tendencies to submit to their daughters while still holding high expectations for them.

Implications for Psychotherapy

On the basis of clinical observations, as well as correlations among ICI and MMPI scales, a number of implications for psychotherapeutic intervention may be presented. These will be discussed for each ICI scale elevation, as well as for several parenting patterns.

Single Scale Elevations

Overcoercion. Intrapersonally, these individuals often experience an inner command-resistence struggle, such that they have a conflict between the thoughts that they "should or ought" to do something and the thought that they "don't want to." They tend to have their self-esteem tied up with pleasing others, as well as with developing their

own individuality. This conflict becomes an important issue in therapy. Action and decision-making need to be strongly encouraged with these clients in order to promote progress and to counteract self-belittlement and procrastination.

In the interpersonal area, individuals who score high on Oc tend to perceive relationships in terms of dominance/submission and dependency/independency. Leading versus following becomes a difficult decision for these individuals. It is often very important for them to please others, especially authority figures. When they find themselves in conflict with the demands of others, they often respond with passive resistence.

In the therapy transference, these individuals are often quite sensitive to suggestions by the therapist and view these as overcoersive demands by a parent. This is especially true when child Oc is high. When adult Oc is high, clients may be eager to please the therapist.

Oversubmission. Intrapersonally, these individuals tend to be restless and anxious and to have difficulty accepting limits. They often focus on here and now, short-term goals, failing to focus on long-term goals sufficiently. They often associate getting their own way with being loved and with the sense of well-being. When they are not getting their own way, they tend to believe that something is wrong, attributing it to either the relationship, themselves, or the other person.

Interpersonally, the individual who scores high on Os tends to want his own way, often using anger to enforce his will on others. He tends to prefer people who want to please him, and may have difficulty asking, rather than demanding, from others. Such individuals are often rather impulsive and may throw temper tantrums when displeased with the behavior of others. They often need to practice doing favors for others, rather than demanding from others. Generally, such individuals tend to disregard the requirements of mutual respect in interpersonal relationships.

In the therapy transference, it might be expected that the client will be somewhat demanding with the therapist in terms of requiring quick solutions, easy answers, and demanding that the therapist tell him how to solve his problems. There is a possibility that the client may leave therapy prematurely when he feels that he has not been getting his own way or his demands met.

Perfectionism. Intrapersonally, individuals scoring high on Pf often have a great deal of difficulty accepting themselves and their work as good enough. They have very high self-standards and often feel that others also have these expectations of them. They fear that they will not be accepted or liked if they do not achieve highly. Such individuals often procrastinate or, on the other hand, have a great deal of difficulty finishing projects. The latter often continue to collect data and strive for a more acceptable outcome, becoming virtually compulsive workers. They often live by the motto, "If I can't do it right, I shouldn't do it at all." Such individuals frequently

belittle themselves and what they have done, taking joy out of their lives and the projects which they undertake. Mistakes, for these individuals, are things to be avoided at any cost, and failure is perceived as terrible and frightening. This often leads to avoiding the provisional try which is necessary for learning skills and moving toward excellence.

Interpersonally, these individuals tend to project their perfectionism onto others. They expect others to be critical of them and expect rejection and disapproval. They are often critical of others' performances and tend to become pessimistic after repeated disappointments.

In the therapy transference, Pf individuals may be highly critical of the therapist over minor imperfections, such as having a messy desk or being a minute or two late for scheduled appointments. They often project their own Pf onto the therapist, believing that the therapist is expecting him to improve much more rapidly than is realistic and fearing that he will be unable to measure up to the therapist's expectations. He may be afraid to share perceived failures or setbacks with the therapist, for fear that the therapist will disapprove.

Overindulgence. Intrapersonally, individuals who score high on Oi are often rather passive, easily bored, and have a great deal of difficulty persisting and maintaining interest in tasks and activities. They are easily discouraged, expect things to come easily, and expect excitement to be provided for them. While they do not appear to consciously admit to thinking angrily, they often seem to feel angry. While the anger is denied, it seems to be the result of not having their needs met and feeling that this situation is unfair and should not be the case. Whenever Oi scores are high, the possibility of significant object loss or failure in achieving a desired goal may be present in the client's current life space. Symptoms may include self-dissatisfaction, depression, and aimlessness.

Interpersonally, such individuals expect to be activated and cared for by others. They often avoid taking responsibility for their own self-direction, looking to others to do this for them.

In the therapy transference, such individuals often expect the therapist to act upon them rather than taking their own responsibility in therapy. They expect the therapist to take care of them and may become overly dependent on the therapist. They are very often inactive in therapy and this becomes a very important issue, as inactivity tends to perpetuate the condition. As with other tasks requiring sustained effort, the client may have difficulty persisting in therapy.

Punitiveness. Intrapersonally, individuals who score high on Pu have extremely low self-concepts. They are frequently very fearful of rejection and of being hurt by others. In fact, they typically expect to be rejected and hurt in interpersonal interactions. They are often very angry and resentful and tend to focus on injustices that have been done to them in the past. They often have a great deal of rage which they have difficulty in controlling. Sometimes, they are quite moralistic.

Interpersonally, these individuals see others as hostile, rejecting and hurtful. They tend to avoid close interpersonal relationships and are very uncomfortable in close relationships. They are very cautious in initiating relationships with others. They tend to show their anger to others in an unadaptive fashion, and this is often self-defeating and self-fulfilling. They frequently have difficulty setting limits when irritated or expressing anger effectively. Rather, they complain to others, instead of directing their irritation effectively in the immediate interactive context.

In the therapeutic transference, it may be anticipated that these individuals will have a great deal of difficulty developing a trusting relationship. Such individuals are likely to perceive the therapist as critical and to expect rejection from the therapist. They may avoid getting into areas which may provoke criticism from the therapist. They often block within the therapy session and lose track of their thought sequences. They often have difficulty recalling early life experiences.

Neglect. Individuals who score high on Ng share many commonalities with those who score high on Pu. Intrapersonally, they tend to have very poor self-concepts and to expect rejection from others. They tend to be very lonely and to feel unfamiliar and uneasy in close-sharing relationships. They often have approach/avoidance conflicts regarding closeness. That is, they yearn for closeness, yet hold themselves back in relationships. They tend to believe that "familiarity breeds contempt."

Interpersonally, these individuals have a great deal of difficulty developing close relationships and continuing, ongoing relationships. They tend to keep themselves isolated and are very cautious in relationships. Their poor self-concepts and expectations of rejection often lead them to behave in ways which precipitate rejection from significant others. Because they did not experience the rewards of love and security through living in a mutual-respect way with a significant other, they learn to fall back on the rewards of impulsivity and short-term hedonism. Therefore, when minor frustrations arise in a close relationship, they do not have the trust to sustain them in a prolonged effort to work out a relationship and often go from one relationship to another. Thus, their fears regarding the intimacy that they are seeking are self-fulfilled due to their anxiety about closeness and long-term relationships. These individuals often feel trapped in close relationships and have a great deal of difficulty with commitments. A commitment, for such an individual, represents a giving up of his lifelong pattern of gratification through impulsivity.

In the therapy transference, such individuals often have a great deal of difficulty getting close and trusting the therapist, much as the individual high in Pu. They tend to anticipate rejection, miss appointments when material begins to become uncomfortable and often take the transference relationship quite casually. When Ng is combined with high Oc and Pf, the transference is typically not taken as casually.

Mutual Respect. Intrapersonally, individuals who score low on Mr often have a very low self-esteem, lack pride in their work, are depressed and dissatisfied with their current life circumstances. They are often self-dissatisfied, lonely and dissatisfied interpersonally, and uncomfortable in interpersonal relationships. They often manifest a good deal of anxiety.

Interpersonally, and in the therapy transference, individuals who score low in Mr often respond in a way that is very similar to those who score high on Ng and Pu.

Parenting Patterns

1356. When clients enter therapy with a '1356' (high on Oc, Pf, Pu, Ng) parent pattern (that is, one or both parents), they typically have a broad and intense range of clinical symptoms. These include depression, anxiety and worry, poor self-concept, interpersonal hostility toward peers and authority, and social isolation. The social isolation not only perpetuates the other symptoms, but also deprives them of an opportunity to learn to trust others and develop satisfactory relationships. Long-term psychotherapy is likely to be required to work through the multiple problem areas and symptom patterns. Trust and rapport may be quite difficult to secure, and the therapeutic transference is likely to involve intense ambivalence due to the earlier corrosive intrusion of the parent into the client's life, as well as a felt emotional distance reflected in the parental neglect. It is very difficult for such individuals to believe that a therapist is able to care about them, except to satisfy his own narcissistic needs.

24. When clients enter therapy with a '24' (high on Os, Oi) parent pattern, they typically do not report as high a level of subjective distress as those with a '1356' parent pattern. This is evidenced across MMPI variables, ICI Adult and Child variables, and in clinical observations. However, they are inclined to have severe inter- and intrapersonal problems due to their difficulties in give-and-take relationships and in accepting responsibility for their own behavior. Their depressions are more frequently situationally-induced and of shorter duration than the '1356' clients. Clinically, we observe that therapy for these clients is usually of shorter duration than for the '1356' pattern.

7. Clients who enter therapy with a parent pattern of '7' (high Mr) tend to have significantly fewer and less intense symptoms. Their MMPI profiles are often free of clinical elevations. Such individuals generally have at least an adequate self-esteem. The most likely symptom is depression, which tends to be situational, rather than chronic. Interpersonal stress is less frequently evidenced and more easily resolved. In therapy, such individuals tend to respond in a more trusting, matter-of-fact fashion and are less likely to distort the therapist's words and intentions. Rapport is typically easily established and prognosis for successful short-term psychotherapy is often good to excellent.

Conclusions and Implications

It appears that at least several distinct parenting patterns may be explored and that each has a differential effect on a child's later adult personality. The Inner Child Inventory, based on Missildine's theory of parental pathogens and mutual respect, appears to be a broad pathology indicator, as well as a measure of ego strength, with implications for parenting patterns and current personality functioning. It also appears to yield results which have implications for psychotherapeutic content and prognosis, as well as likely interpersonal and intrapersonal conflicts and issues involved in the therapeutic transference.

More research is needed in a number of areas. First, it will be necessary to acquire a larger subject pool to get clearer designations of parenting patterns, as well as to explore sex differences and age differences. Second, the psychometric qualities of the test itself require more thorough exploration in order to determine such things as inter-item consistency, more effective wording, and to reduce interdimension correlations.

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